

DEPARTMENT OF [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

## Standard Operating Procedures

- TITLE:** Training in Family Planning
- SOP #** [REDACTED]
- SCOPE:** This SOP applies to faculty, fellows and residents in the Department of [REDACTED] at the University of [REDACTED].
- PURPOSE:** To describe the Department policies related to training in contraception, including female sterilization procedures, and abortion.
- RESPONSIBILITIES:** The administrator for each faculty member, fellow, and resident is ultimately responsible for ensuring appropriate training and understanding of this SOP.

## PROCEDURES

### 1.0 Overview

- In accordance with the Educational Components of the ACGME's RRC Program requirements, the Department of [REDACTED] at the University of [REDACTED] residency program has a structured didactic and clinical education experience in all methods of family planning including training in contraception, abortion and female sterilization throughout the four years
- Training and clinical experience in the provision of medical abortion, suction aspiration abortion, and dilation and evacuation procedures shall be part of the residency education program
- The University of [REDACTED] respects and protects all persons who do not wish to participate in abortion and sterilization procedures and prohibits all forms of discrimination, disqualification, or coercion for exercising an individual's right of conscience

### 2.0 Department Policy

- The Department of [REDACTED] at the University of [REDACTED] will provide instruction in contraception, sterilization and abortion counseling and medical services, including management of complications, to all resident physicians
- Contraception
  - The Department considers education to patients about contraception and the provision of contraceptives in an outpatient setting a critical component of patient care
  - Clinical experience and participation in all methods of contraception counseling and services is required in the residency program

- Abortion and Sterilization
  - All residents will have training in abortion and sterilization procedures with appropriate faculty supervision unless the resident has a religious, cultural, ethical or moral objection
  - If a resident has a religious, cultural, ethical or moral objection, he/she shall not be required to participate in the training in or provision of abortion or sterilization services, but will still be required to participate in the following:
    - Pre-procedural routine care that is not specifically related to the procedure itself but would not be performed at any other time for routine care;
    - Post-procedure care;
    - Emergency care of a patient who had an abortion or sterilization procedure related to a problem or complication
  - Any resident who has a religious, cultural, ethical or moral objection to abortion or sterilization procedures shall submit a Department Right of Conscience Objection form to the residency program director (see attachment)

**3.0 Notice**

- This Department SOP shall be available for review by all current faculty, fellows, residents and resident candidates
- The Department Right of Conscience Objection form must be easily available for use

**ABBREVIATIONS AND ACRONYMS**

ACGME      Accreditation Council for Graduate Medical Education  
RRC         Residency Review Committee  
SOP         Standard Operating Procedures

**REFERENCES**

California Health & Safety Code 12342 and Church Amendments, 42 U.S.C. § 300a-7.

**RELATED PROTOCOLS**

[Redacted]

[Redacted]



DEPARTMENT OF [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Department of [REDACTED]  
Residency Training Program

Right of Conscience Objection for Abortion or Sterilization Procedures

Check all boxes that apply

I, \_\_\_\_\_, do not wish to

- perform abortion procedures
- perform sterilization procedures
- participate in abortion procedures
- participate in sterilization procedures

I have reviewed of the policy of the Department of [REDACTED] entitled "Training in Family Planning" (SOP [REDACTED]).

I understand that the University of [REDACTED] respects and protects all persons who do not wish to participate in abortion and sterilization procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This form must be signed and returned to the Residency Program Director's Office.*

Certification of receipt:

\_\_\_\_\_  
Signature of Residency Program Director

\_\_\_\_\_  
Date